

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.	10	11/22/99
O.I.P.E. CLASSIFIER		69055	12/1
FORMALITY REVIEW		69055	12-15-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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